

27 **SAR Special Instructions Reference**

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This section provides a complete listing of numbered SAR special instructions for your reference.

27.1 Special Instructions Reference

No.	Special Instructions
1	In order for the CCS program to authorize services timely, please send findings, recommendations, treatment plan and progress reports at least every 6 months.
2	The services to treat the CCS eligible condition are carved out of the Healthy Families plans. Please bill the authorized services directly to the Medi-Cal Fiscal Intermediary.
3	Delta Dental will review all requests for authorization of dental services for CCS clients that require a Treatment Authorization Request (TAR) in accordance with existing Denti-Cal policies, procedures, and requirements.
4	This authorization valid only as long as client is enrolled in Medi-Cal. Family has not signed CCS program papers; therefore, client will not be enrolled in CCS with loss of Medi-Cal coverage.
5	Further authorizations for length of stay are contingent upon receipt of progress notes.
6	Further authorization for length of stay is contingent upon receipt of discharge summary.
7	Eligible for High Risk Infant Follow-Up until 3 years of age.
8	Infant covered under Mother's Medi-Cal only.
9	Current medical nutrition assessment is required every 6 months.
10	Refer to Title 22, California Code of Regulations, Section 51321 for rent to purchase regulations regarding Durable Medical Equipment and the Medi-Cal Provider Manual.
11	Provider must bill other health insurance (OHC) first; submit Explanation of Benefits (EOB) with claim.
12	Client will turn 21 years of age on next birthday and will no longer be eligible for CCS services.
13	DME 'By-Report' items: Model/Number: Manufacturer: Other: Please submit the following with your claim: 1. A copy of the CCS authorization; 2. Manufacturer's purchase invoice and the MSRP (a catalog page); 3. Item description; 4. Manufacturer name; 5. Model number; 6. Catalog number
14	Medical Foods: List each specific food in the Special Instructions Section with the following items: Item Number, Medical Food Product Name, Amount, and Price.
15	Medical Foods - Specific instructions for the provider. Please submit the following with your claim: 1. A copy of the CCS authorization; 2. Item description; 3. Invoice. Reauthorization instructions: If reauthorization is to be requested, please instruct the provider to submit the following one month before authorization expires: 1. A written prescription signed by a CCS paneled physician for low protein foods or other specific medical foods. Including specific quantity and vendor price of each medical food requested; 2. Snack foods are not to exceed 10 percent of the total price; 3. A copy of the current, within the last six months, nutritional assessment and treatment plan by the CCS paneled registered dietitian (RD) that includes the number of phenylalanine exchanges from low protein foods for PKU requests. The Center RD must see the CCS client every six months; 4. Current medical history and center evaluation, within the last six months, that includes diagnosis and medical conditions; 5. Documentation that the medical food is specially formulated and necessary for the specific dietary management of a disease or condition for which specific nutritional requirements exist.
16	Miscellaneous code Z5999 Non- DME. For this 'By-Report' code please submit the following items: 1. A copy of the CCS authorization; 2. Medical report that describes the procedure, and or detailed description and itemization of the services provided; 3. Cost of the service provided.

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17	Speech therapy: If reauthorization is requested, provider must submit a progress report one month before authorization expires that includes the following: 1. Beginning baselines and ending performance for each goal, so that progress can easily be assessed by the reviewer; 2. Any new measurable goals with baseline performance, including means and method of measurement; 3. Attendance expressed as the number of sessions attended/sessions scheduled; 4. Information regarding any early intervention or school services received.
18	Aural Rehabilitation: If reauthorization is to be requested, provider must submit a progress report one month before authorization expires that includes the following: 1. Beginning baselines and ending performance for each goal, so that progress can easily be assessed by the reviewer; 2. Any new measurable goals with baseline performance, including means and method of measurement; 3. Attendance expressed as the number of sessions attended/sessions scheduled; 4. Information regarding any early intervention or school services received.
19	Hearing Aid Batteries: Please submit the manufacturer's invoice indicating the cost of each battery.
20	EPSDT-SS: Provider must submit claims for EPSDT Supplemental Services on a separate claim form from any other Medi-Cal benefit item/service. Include pricing attachment, if appropriate.
21	Medical Nutrition Therapy. Please submit the following information with your claim: 1. A copy of the CCS authorization; 2. A detailed description and itemization of the services provided; 3. Cost of the service provided. If reauthorization is to be requested, please instruct the clinician to submit a progress report one month before authorization expires that includes the following: 1. Completed Service Authorization Request form; 2. A copy of the progress notes, including progress made on previous goals; 3. A copy of the current nutritional plan of treatment, including therapeutic goals, and anticipated time for achievement; 4. Parent/legal guardian and/or parent agree(s) to cooperate with the proposed medical nutrition therapy plan.
22	Medical Supplies. As required for medical supply claims, all manufacturer codes and catalog numbers must be documented. Please refer to the Medi-Cal manual for billing instructions.
23	Primary Care Provider. This child/youth is assigned to following CCS Special Care Center (SCC): Name of Center: Address of Center: Phone Number of Center: You are authorized to provide healthcare services related to you patient's CCS medically eligible condition in conjunction with the physicians at the above noted CCS Special Care Center.
24	Newborn Hearing Program. Claims for services provided to children with other third party insurance must be submitted to the insurance carrier or HMO prior to billing the CCS program for the services. A denial of payment from the third-party payer must accompany the claim.
25	When rental reimbursement paid to date for this requested DME item has reached or exceeded the Medi-Cal program allowable purchase price, as per California Code of Regulations, Title 22, Section 51321(c)(C), no further rental reimbursement shall be authorized, and the item is considered purchased. Please provide the client's family with maintenance and care information for the equipment, and warranty information, of any. CCS will authorize and reimburse for necessary service/repairs, supplies and accessories for all purchased DME.
26	The CCS program may elect to purchase rented DME at any time. If rental reimbursement reaches or exceeds the Medi-Cal program allowable purchase price, no further rental reimbursement shall be authorized and the item will be considered purchased.
27	Although this authorization lists a specific manufacturer, you are authorized to bill for the same product from a different manufacturer if the one authorized is not available.
28	Initial authorization for exam/HLD index only; subsequent services pending Delta Dental approval.